

MEDINA ISD 2017-2018 TRS-ACTIVECARE RATES

2017-2018 Plan Year Rates

Coverage Tier	TRS - ActiveCare 1-HD		Employee Cost
	2017-2018 Premium	District Contribution	
Employee Only	\$351.00	\$230.00	\$121.00
Employee & Spouse	\$991.00	\$230.00	\$761.00
Employee & Child(ren)	\$671.00	\$230.00	\$441.00
Employee & Family	\$1,316.00	\$230.00	\$1,086.00
Individual :			
Annual Individual Deductible	\$2,500.00	Co-Insurance Max Includes Deductible	\$6,550.00
Non-Network	\$5,000.00	Non-Network	\$13,100.00
Annual Family Deductible	\$5,000.00	Co-Insurance Max Includes Deductible	\$13,100.00
Non-Network	\$10,000.00	Non-Network	\$26,200.00

Coverage Tier	TRS - ActiveCare Select		Employee Cost
	2017-2018 Premium	District Contribution	
Employee Only	\$514.00	\$230.00	\$284.00
Employee & Spouse	\$1,264.00	\$230.00	\$1,034.00
Employee & Child(ren)	\$834.00	\$230.00	\$604.00
Employee & Family	\$1,589.00	\$230.00	\$1,359.00
Individual :			
Annual Individual Deductible	\$1,200.00	Co-Insurance Max Includes Deductible	\$7,150.00
Non-Network	NO COVERAGE	Non-Network	NO COVERAGE
Annual Family Deductible	\$3,600.00	Co-Insurance Max Includes Deductible	\$14,300.00
Non-Network	NO COVERAGE	Non-Network	NO COVERAGE

Coverage Tier	TRS - ActiveCare 2		Employee Cost
	2017-2018 Premium	District Contribution	
Employee Only	\$714.00	\$230.00	\$484.00
Employee & Spouse	\$1,694.00	\$230.00	\$1,464.00
Employee & Child(ren)	\$1,062.00	\$230.00	\$832.00
Employee & Family	\$2,004.00	\$230.00	\$1,774.00
Individual :			
Annual Individual Deductible		Co-Insurance Max Includes Deductible	
Network	\$1,000.00	Network	\$7,150.00
Non-Network	\$2,000.00	Non-Network	\$14,300.00
Annual Family Deductible		Co-Insurance Max Includes Deductible	
Network	\$3,000.00	Network	\$14,300.00
Non-Network	\$6,000.00	Non-Network	\$28,600.00

More detailed Enrollment and Benefits Booklets can be downloaded at the following links:

www.trs.state.tx.us OR www.trselectivecareatna.com

TELADOC SERVICES - PHONE NUMBER ON BACK OF YOUR ID CARD